TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check Check C		1. TRANSMITTAL NUMBER:	2. STATE:		
STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPEO FO PLAN MATERIAL (Check One): NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT COMPLETE BLOCKS 5 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmital for each amendment) 6. FEDERAL STATUTE/REGULATION CITATION: A PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A Part I Pages 234,235 Attachment 4.19-A Part II Pages 28,226,6,7 Attachment 4.19-A Part II Pages 28,226,6,7 Attachment 4.19-A Part II Pages 28,226,7 Attachment 4.19-A Part II Pages 29,224 Attachment 4.19-A Part III Pages 29,22	TRANSMITTAL AND NOTICE OF APPROVAL OF	a 6 4 0 p	Nau York		
FOR: HEALTH CARE FINANCING ADMINISTRATION TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN	STATE PLAN MATERIAL				
DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN					
DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT	TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE			
5. TYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN					
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmital for each amendment) 6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Part 447.296 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A Part I Pages 234,235 Attachment 4.19-A Part II Pages 10.11 Attachment 4.19-A Part II Pages 10.11 Attachment 4.19-A Part II Pages 10.11 Attachment 4.19-A Part VI Pages 1,2 Attachment 4.19-A Part VI Pages 1,2 Attachment 4.19-A Part VI Pages 23,24 Attachment 4.19-A Part VI Pages 1,2 Attachment 4.19-A Part VI Pages 23,24 Attachment 4.19-A Part VI Pages 23,24 Attachment 4.19-A Part VI Pages 1,2 Attachment 4.19-A Part VI Pages 23,24 Attachment 4.19-A Part VI Pages 1,2 Attachment 4.19-A Part VI P		July 1, 1994			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmital for each amendment) 6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Part 447-296 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A Part I Pages 234,235 Attachment 4.19-A Part II Pages 234,235 Attachment 4.19-A Part II Pages 10,11 Attachment 4.19-A Part II Pages 10,11 Attachment 4.19-A Part II Pages 21,2 Attachment 4.19-A Part VI Pages A1,A2 Attachment 4.19-A Part VI Pages A1,A2 Attachment 4.19-A Part VI Pages A1,A2 Attachment 4.19-A Part II Pages 23,24 Attachment 4.19-A Part II Pages 23,24 Attachment 4.19-A Part IV Pages A1,A2 Attachment 4.19-	5. THE OF FEAR WATERIAL (ORBON ORB).				
6. FEDERAL STATUTE/REGULATION CITATION: 4.2 CFR Part 447.296 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A Part I Pages 234,235 Attachment 4.19-A Part II Pages 10.11 Attachment 4.19-A Part III Pages 10.11 Attachment 4.19-A Part III Pages 2B.2C.6.7 Attachment 4.19-A Part VI Pages A1.22 Attachment 4.19-A Part VII Pages 1.2 Attachment 4.19-A Part VII Pages 23.24 **** SEE REMARKS 10. SUBJECT OF AMENDMENT: Disproportionate Share Payments 11. GOVERNOR'S GEVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Brian J. Wing 14. TITLE: Acting Commissioner 15. DATE SUBMITTED: September 30, 1996 16. FEDERAL BUOGET IMPACT: a. FFY 1995-1996 S. FFY 1995-1997 S. D. OB SPFROPOSED PLAN SECTION OR ATTACHMENT (# Applicable): Attachment 4.19-A Part II Pages 234,235 Attachment 4.19-A Part III Pages 23,20.6.4 Attachment 4.19-A Part VII Pages A1.A2 Attachment 4.19-A Part VII Pages A1.A2 Attachment 4.19-A Part VII Pages 23,24 Attachment 4.19-A Part VII Pages 24,25 Attachment 4.19-A Part VII Pages 28,2C.6 Attachment 4.19-A Part VII Pages 28,2C.6 Attachment 4.19-A Part VII Pages 28,2C.6 Attachment 4.19-A Part VII Pages 28,2C.					
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A Part I Pages 234,235 Attachment 4.19-A Part II Pages 234,235 Attachment 4.19-A Part III Pages 2B,2C,6,7 Attachment 4.19-A Part IV Pages A1,A2 Attachment 4.19-A Part VI Pages 1,2 Attachment 4.19-A Part VI Pages 23,24 **** SEE REMARKS 10. SUBJECT OF AMENDMENT: Disproportionate Share Payments 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Brian J. Wing Attachment 4.19-A Part VI Pages 23,24 14. TITLE: Acting Commissioner 15. DATE SUBMITTED: September 30, 1996 17. DATE SIEGENVED: 18. EFFECTIVE DATE OF APPROVED MATCH. 19. EFFECTIVE DATE OF APPROVED MATCH. 19. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (#Applicable): Attachment 4.19-A Part II Pages 23,225 Attachment 4.19-A Part III Pages 23,22,6,6 Attachment 4.19-A Part VI Pages 1,1 Attachment 4.19-A Part VI Pages 1,2 Attachment 4.19-A Part VI Pages 1,2 Attachment 4.19-A Part VI Pages 23,24 Attachment 4.19-A Part VI Pages 1,2 Attachment 4.19-A Part VI Pages 23,24 Attachment 4.19-A Part VI Pages 1,2 Attachment 4.19-A Part VI Pages 23,24 Attachment 4.19-A Part VI Pages 1,2 Attachment 4.19-A Part VI Pages 23,25 Attachment 4.19-A Part VI Pages 23,26,6 Attachment 4.19-A Part VI Pages 23,22 Attachment 4.19-A Part VI Pages 1,2 Attachment 4.19-A Part VI Pages 23,22 Attachment 4.19-A Part VI Pages 24,22 Attachment 4.19-A Part VI Pages 26,26,6 Attac			nendment)		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A Part I Pages 234,235 Attachment 4.19-A Part II Pages 2B,2C,6,7 Attachment 4.19-A Part III Pages 2B,2C,6,7 Attachment 4.19-A Part III Pages 2B,2C,6,7 Attachment 4.19-A Part III Pages 2B,2C,6,7 Attachment 4.19-A Part IV Pages A1,A2 Attachment 4.19-A Part VI Pages 1,2 Attachment 4.19-A Part VI Pages 1,2 Attachment 4.19-A Part VI Pages 23,24 *** SEE REMARKS 10. SUBJECT OF AMENDMENT: Disproportionate Share Payments 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Brian J. Wing Acting Commissioner 15. DATE SUBMITTED: September 30, 1996 17. DATE BECEMED: 18. DATE JUBICATION OF STATE OF PAPOVED MARERS 09/26/96 21. TYPED NAME: ACTING COMMENTS OF ARTHONY OF SAMERS 19. PAGE NUMBER OF THE SUBCRESEDED PLAN SECTION OF ARTHONY (II Applicable): Attachment 4.19-A Part II Pages 23,24,235 Attachment 4.19-A Part III Pages 22,20,6,4 Attachment 4.19-A Part III Pages 21,2 Attachment 4.19-A Part III Pages 21,2 Attachment 4.19-A Part III Pages 23,24 Attachment 4.19-A Part III Pages 1,2 Attachment 4.19-A Part III Pages 23,24 Attachment 4.19-A Part VI Pages 1,2 Attachment 4.19-A Part VI Pages 1,2 Attachment 4.19-A Part III Pages 23,24 Attachment 4.19-A Part III Pages 23,24 Attachment 4.19-A Part III Pages 23,24 Attachment 4.19-A Part VI Pages 1,2 Attachment 4	6. FEDERAL STATUTE/REGULATION CITATION;		0		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A Part I Pages 234,235 Attachment 4.19-A Part II Pages 10,11 Attachment 4.19-A Part II Pages 2B,2C,6,7 Attachment 4.19-A Part III Pages 2B,2C,6,6 Attachment 4.19-A Part III Pages 2B,2C,6 Attachment 4.19-A Part III Pages 2B,2C,6 Attachment 4.19-A Part III Pages	42 CFR Part 447.296		····		
Attachment 4.19-A Part II Pages 10.11 Attachment 4.19-A Part III Pages 2B, 2C, 6, 7 Attachment 4.19-A Part IIV Pages 2B, 2C, 6, 7 Attachment 4.19-A Part IIV Pages 1, 2 Attachment 4.19-A Part VI Pages 1, 2 Attachment 4.19-A Part VI Pages 1, 2 Attachment 4.19-A Part VI Pages 23, 24 *** SEE REMARKS 10. SUBJECT OF AMENDMENT: Disproportionate Share Payments 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Brian J. Wing 14. TITLE: Acting Commissioner 15. DATE SUBMITTED: September 30, 1996 17. DATE PECENED: 18. DATE SUBMITTED: September 30, 1996 17. DATE PECENED: 18. DATE SUBMITTED: September 30, 1996 17. DATE PECENED: 18. DATE SUBMITTED: September 30, 1996 17. DATE PECENED: 18. DATE SUBMITTED: September 30, 1996 17. DATE PECENED: 18. DATE SUBMITTED: September 30, 1996 17. DATE PECENED: 18. DATE SUBMITTED: September 30, 1996 17. DATE PECENED: 18. DATE SUBMITTED: September 30, 1996 18. DATE SUBMITTED: September 30, 1996 19. DATE SUBMITTED: September 30, 1996 10. DATE SUBMITTED: September 30, 1996 11. DATE PECENED: 12. TYPED NAME: 13. TYPED NAME: 14. TITLE: Attachment 4.19-A Part II Pages 23, 24 Attachment 4.19-A Part IV Pages A1, A2 Attachment 4.19-A Part VI Pages 10, 10 Attachment 4.19-A Part VI Pages 10, 10 Attachment 4.19-A Part VI Pages 23, 24 Attachment 4	8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:		EDED PLAN SECTION		
Attachment 4.19-A Part III Pages 2B,2C,6,7 Attachment 4.19-A Part VI Pages A1,A2 Attachment 4.19-A Part VI Pages 2B,2C,6,A Attachment 4.19-A Part VII Pages 2B,2C,6,A Attachment 4.19-A Part VII Pages A1,A2 Attachment		, , , , ,			
Attachment 4.19-A Part IV Pages A1,A2 Attachment 4.19-A Part VI Pages 1,2 Attachment 4.19-A Part VI Pages 1,2 *** SEE REMARKS 10. SUBJECT OF AMENDMENT: Disproportionate Share Payments 11. GOVERNOR'S OFFICE REPORTED NO COMMENT © COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Brian J. Wing 14. TITLE: Acting Commissioner 15. DATE SUBMITTED: September 30, 1996 17. DATE DECENED: 18. ATTACHMENT 4.19-A Part VII Pages 23,24 Attachment 4.19-A Part VII Pages 1,2 Attachment 4.19-A Part VII Pages 23,24 Attachment 4.19-A Part VII Pages 23,24 Attachment 4.19-A Part VII Pages 1,2 Attachment 4.19-A Part VII Pages 23,24 Attachment 4.19-A Part VII Pages 1,2 Attachment 4.19-A Part VII Pages 1	_		-		
Attachment 4.19-A Part VI Pages 1,2 Attachment 4.19-A Part VII Pages 23,24 *** SEE REMARKS 10. SUBJECT OF AMENDMENT: Disproportionate Share Payments 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Brian J. Wing 14. TITLE: Acting Commissioner 15. DATE SUBMITTED: September 30, 1996 17. DATE BECEIVED: 18. EFFECTIVE DATE OF APPROVED MATER 19. EFFECTIVE DATE OF APPROVED MATER 19. EFFECTIVE DATE OF APPROVED MATER 09/26/96 21. TYPED NAME: 22. THE Attachment 4.19-A Part VI Pages 1, 2 Attachmen					
Attachment 4.19-A Part VII Pages 23,24 **** SEE REMARKS 10. SUBJECT OF AMENDMENT: Disproportionate Share Payments 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Brian J. Wing 14. TITLE: Acting Commissioner 15. DATE SUBMITTED: September 30, 1996 17. DATE RECEIVED: 18. DATE STATE AGENCY OFFICIAL: 19. EFFECTIVE DATE OF APPROVED MATER 19. EFFECTIVE DATE OF APPROVED MATER 19. EFFECTIVE DATE OF APPROVED MATER 19. EFFECTIVE DAME: 09/26/96 21. TYPED NAME: 22. THE	•				
### SEE REMARKS 10. SUBJECT OF AMENDMENT: Disproportionate Share Payments 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Brian J. Wing 14. TITLE: Acting Commissioner 15. DATE SUBMITTED: September 30, 1996 17. DATE DECEMBE: 18. DATE ACTING OFFICIALS 18. DATE ACTING OFFICIALS 19. EFFECTIVE DATE OF APPROVED MATE 19. EFFECTIVE DATE OF APPROVED MATE 09/26/96 21. TYPED NAME: 22. THE COMMENT OF THE VIII Pages 23, 24 Attachment 4.19-A Part VII Pages 23, 24 OTHER VIII Pages 23, 24 OTHE		Attachment 4.19-A Part VI	Pages 1.2		
10. SUBJECT OF AMENDMENT: Disproportionate Share Payments 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Brian J. Wing Albany, New York State Department of Social Service: 40 North Pearl Street Albany, New York 12243 14. TITLE: September 30, 1996 17. DATE RECEIVED: 18. DATE SUBMITTED: September 30, 1996 19. EFFECTIVE DATE OF APPROVED WATERS 09/26/96 21. TYPED NAME: 22. THE	•	Attachment 4.19-A Part VII	Pages 23,24		
11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL. 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Brian J. Wing New York State Department of Social Service: 40 North Pearl Street Albany, New York 12243 14. TITLE: Acting Commissioner 15. DATE SUBMITTED: September 30, 1996 17. DATE RECEIVED: 18. DATE APPROVED LAVIERS 19. EFFECTIVE DATE OF APPROVED LAVIERS 09/26/96 21. TYPED NAME: 22. TYPED NAME:					
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Brian J. Wing 14. TITLE: Acting Commissioner 15. DATE SUBMITTED: September 30, 1996 17. DATE RECEIVED: 19. EFFECTIVE DATE OF APPROVED MATERIAL: 19. EFFECTIVE DATE OF APPROVED					
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Brian J. Wing 14. TITLE: Acting Commissioner 15. DATE SUBMITTED: September 30, 1996 17. DATE RECEIVED: 19. EFFECTIVE DATE OF APPROVED MATERIAL: 09/26/96 21. TYPED NAME: 22. TVP	11. GOVERNOR'S REVIEW (Check One):				
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Brian J. Wing 14. TITLE: Acting Commissioner 15. DATE SUBMITTED: September 30, 1996 17. DATE SECENED: 18. DATE SECENED: 19. EFFECTIVE DATE OF APPROVED MATERIA 19. EFFECTIVE DATE OF APPROVED MATERIA 19. ON THE SECENED: 19. ON THE SECENED: 19. ON THE SECENED: 19. EFFECTIVE DATE OF APPROVED MATERIA 19. ON THE SECENED: 19. ON THE SECENCE SECENED: 19. ON THE SECENCE SECENCE SECENCE SECENCE SECENE	☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Brian J. Wing 14. TITLE: Acting Commissioner 15. DATE SUBMITTED: September 30, 1996 17. DATE RECEIVED: 18. DATE SUBMITTED: 19. EFFECTIVE DATE OF APPROVED MATERN 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	COMMENTS OF GOVERNOR'S OFFICE ENCLOSED				
New York State Department of Social Services 40 North Pearl Street Albany, New York 12243 14. TITLE: Acting Commissioner 15. DATE SUBMITTED: September 30, 1996 17. DATE RECEIVED: 18. DATE A-PROVED 19. EFFECTIVE DATE OF APPROVED MANERAL 19. EFFECTIVE DATE OF APPROVED MANERAL 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL				
New York State Department of Social Services 40 North Pearl Street Albany, New York 12243 14. TITLE: Acting Commissioner 15. DATE SUBMITTED: September 30, 1996 17. DATE SECENCE. 19. EFFECTIVE DATE OF APPROVED MATERIAL 2009/26/96 21. TYPED NAME: 22. TIPL ASSOCIATION SOCIAL SERVICES 40 North Pearl Street Albany, New York 12243 18. DATE ASSOCIATION SOCIAL SERVICES 40 North Pearl Street Albany, New York 12243 19. EFFECTIVE DATE OF APPROVED MATERIAL 2009/26/96 21. TYPED NAME: 22. TIPL ASSOCIATION SOCIAL SERVICES 40 North Pearl Street Albany, New York 12243	12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:			
13. TYPED NAME: Brian J. Wing 14. TITLE: Acting Commissioner 15. DATE SUBMITTED: September 30, 1996 17. DATE SECENCED: 18. DATE SECENCED: 19. EFFECTIVE DATE OF APPROVED SAMENS 19. EFFECTIVE DATE OF APPROVED SAMENS 22. TIPLE 22. TIPLE Administra			Social Commisse		
Brian J. Wing 14. TITLE: Acting Commissioner 15. DATE SUBMITTED: September 30, 1996 17. DATE RECEIVED: TOTAL RE	13. TYPED NAME:	· ·	SUCTAT SELVICES		
14. TITLE: Acting Commissioner 15. DATE SUBMITTED: September 30, 1996 17. DATE RECEIVED: 18. DATE ACTIVE DATE OF APPROVED MATERIAL 19. EFFECTIVE DATE OF APPROVED MATERIAL 19. TYPED NAME: 22. TIPL 22. TIPL 23. DATE ACTIVE DATE OF APPROVED MATERIAL 24. DATE ACTIVE DATE OF APPROVED MATERIAL 25. DATE ACTIVE DATE OF APPROVED MATERIAL 26. DATE ACTIVE DATE OF APPROVED MATERIAL 27. TYPED NAME:	Brian J. Wing $\left(\begin{array}{c} / \\ \end{array} \right)$	•			
15. DATE SUBMITTED: September 30, 1996 17. DATE RECEIVED: 18. DATE APPROVED MATERIAL: 19. EFFECTIVE DATE OF APPROVED MATERIAL: 19. 19. EFFECTIVE DATE OF APPROVED MATERIAL: 19. 19. 20. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	· · · · · · · · · · · · · · · · · · ·				
September 30, 1996 ROBBIEGONALO E 17. DATE RECEIVED: 18. DATE ALCOHOLO DE CALLACIONE DE CALLACION	Acting Commissioner				
17. DATE RECEIVED: 18. DATE APPROVED 19. EFFECTIVE DATE OF APPROVED MANERIAL 19. O9 / 26 / 96 21. TYPED NAME: 22. TV					
17. DATE SECEIVED: 18. DATE AREA DESCRIPTION OF SECURITY OF SECUR					
09/26/96 22.TVPED NAME: 22.TVE Associate Committee	17. DATE RECEIVED:	18-DATE APPROVED SEASON OF THE	agus/with u.e.		
09/26/96 22.TVPED NAME: 22.TVE Associate Committee					
21. TYPED NAME: 22.116 Augustinetra			Bod 20 September of Audit		
desective at tour Administra		THE ROLL TO SERVICE AND A			
Sue Kelly Division of Medical Space Opera	21. TYPED NAME:	22.7164	l Administrator		
	Sue Kelly	Division of Redshill Perol	objecte Goir Arbid		
23 REMARKS: As per State request in letter deted was 1. 2001 NX 96-40 will be split into NY 96-40 A and NY 96-40 B. This is an approval for NY 96-40 L on		n dated Mey 3, 200 NV.9	6-40 Milities and		
Approved pages for adoption into the NY State Plan are as follows: Attachment 4.19-A Part I-234 and 235, Attachment 4.19-A Part II page 10 and 11, Attachment 4.19-A Part IV page A1, A2. Attachment 4.19-A Part VI pages 11 and 2, Attachment 4.19-A Part VII pages 23.24.	Approved pages for adoption into the NY 4.19-A Part I-234 and 235. Attachment 4.19-A Part III page 2B, 2C, 6, 7, Attack Attachment 4.19-A Part VI pages I and 2	State Plan are as follow .19-A Part II page 10.and hment 4.19-A Part IV page . Abtachment 4.19-A Cart	s: Attachment 11,Attachment A1,A2, VII pages 23and		

Attachment 4

24.

Approved pag 4.19-A Part the NY State Admisse as tollows: Attachment hment 4.19-A Part II page 10 and 11 Attachment Attachment 4.19-A Part IV page A1.A2.

HE AND WE CONTROL OF THE PROPERTY OF THE PROPE

·	1. TRANSMITTAL NUMBER:	2. STATE:	
TRANSMITTAL AND NOTICE OF APPROVAL OF	9 6 — 4 0 B	New York	
STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE		
DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 1994		
5. TYPE OF PLAN MATERIAL (Check One):			
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CON	NSIDERED AS NEW PLAN	AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	IDMENT (Separate Transmittal for each a	mendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	Δ	
42 CFR Part 447.296	a. FFY <u>1995-1996</u> \$ b. FFY <u>1996-1997</u> \$	_	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER		
Attachment 4.19-A Part I Pages 234,235	OR ATTACHMENT (If Applicable)		
Attachment 4.19-A Part II Pages 10.11	Attachment 4.19-A Part I	Pages 234,235	
Attachment 4.19-A Part III Pages 2B,2C,6,7	Attachment 4.19-A Part II	Pages 10,11	
Attachment 4.19-A Part IV Pages Al.A2 Attachment 4.19-A Part VI Pages 1,2	Attachment 4.19-A Part II Attachment 4.19-A Part IV	Pages Al.A2	
Attachment 4.19-A Part VII Pages 1,2 Attachment 4.19-A Part VII Pages 23,24	Attachment 4.19-A Part VI	Pages 1,2	
*** SEE REMARKS & Comparing sureman and a	Attachment 4.19-A Part VI	I Pages 23,24	
10. SUBJECT OF AMENDMENT:	ar wall the passes of the second of the seco	ALCOHOL STATE	
	normala adagnak ing kelanggala <mark>k yilangan agat</mark> Tan		
11. GOVERNOR'S REVIEW (Check One):	SIMPLE SET OF COLORS		
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED:		
	16. RETURN TO:		
	New York State Department of	Social Services	
	40 North Pearl Street		
Brian J. Wing (Albany, New York 12243	5 1.	
Acting Commissioner			
15. DATE SUBMITTED:	and the constitution of the Market Constitution	of port of the	
September 30, 1996	The second of th		
		All Marie Control	
		· · · · · · · · · · · · · · · · · · ·	
	2000 100 C		
		1866 SW (1967)	
Contract to the second of the			
	minutes in the property of the second	" at the forest and	
The Control of the Co		11.Attachment	
4.12 A Leading	mental to a second	The Control of the Co	
Z4.	CEPTALLAND HISTORY WHAT ARE CAUSED	Special Comprose Hadrophic Compact	

The state of the s

DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing Administration

Refer to DMSO: SJ

MAY 1 4 2001

Region II Federal Building 26 Federal Plaza New York, N.Y. 10278

Antonia C. Novello, M.D., M.P.H., Dr. P.H. Commissioner New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237

Dear Commissioner Novello:

This is to notify you that New York State Plan Amendment (SPA) #96-40B, concerning inpatient hospital services, has been approved for adoption into the State Medicaid Plan with an effective date of September 26, 1996.

This approval is based on the State's request dated May 3, 2001 that splits the original SPA into separate amendments, #96-40A and #96-40B. This letter concerns #96-40B only; the State will be notified separately about #96-40A.

This amendment satisfies all of the statutory requirements at sections 1902(a)(13) and (a)(30) of the Social Security Act, and the implementing regulations at 42 CFR 447.250 and 447.272. Enclosed are copies of SPA #96-40B and the HCFA-179 form, as approved.

If you have any questions or wish to discuss this SPA further, please contact Kathleen Gormaley or Shing Jew of this office. Ms. Gormaley's telephone number is (212) 264-3124, and Mr. Jew may be reached at (212) 264-4459.

Sincerely,

Sue Kelly

Associate Regional Administrator

Division of Medicaid and State Operations

Enclosure:

SPA #96-40B

HCFA-179 Form

DEPARTMENT	OF HEALTH AND HUMAN SERVICES	
HEALTH CARE	FINANCING ADMINISTRATION	

FORM APPROVED OMB NO. 0938-0193

	1. TRANSMITTAL NUMBER:	2. STATE:		
TRANSMITTAL AND NOTICE OF APPROVAL OF	3 6 — 4 0 p	New York		
STATE PLAN MATERIAL	9 6 — 4 0 B			
FOR: HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE			
HEALTH CARE FINANCING ADMINISTRATION				
DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 1994			
5. TYPE OF PLAN MATERIAL (Check One):				
		AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	IDMENT (Separate Transmittal for each an	nendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	٥		
42 CFR Part 447.296	a. FFY <u>1995–1996</u> \$\$\$\$\$	0		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS			
Attachment 4.19-A Part I Pages 234,235	OR ATTACHMENT (If Applicable):			
Attachment 4.19-A Part II Pages 10,11	Attachment 4.19-A Part I I			
Attachment 4.19-A Part III Pages 2B,2C,6,7	Attachment 4.19-A Part II			
Attachment 4.19-A Part IV Pages Al,A2	Attachment 4.19-A Part III	-		
Attachment 4.19-A Part VI Pages 1,2	Attachment 4.19-A Part IV			
Attachment 4.19-A Part VII Pages 23,24	Attachment 4.19-A Part VI Attachment 4.19-A Part VI			
*** SEE REMARKS 10. SUBJECT OF AMENDMENT:	Attachment 4.19-A Part VI.	1 rages 43,44		
Disproportionate Share Payments 11. GOVERNOR'S REVIEW (Check One):				
•				
GOVERNOR'S OFFICE REPORTED NO COMMENT	☐ OTHER, AS SPECIFIED:			
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED				
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL				
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	<u></u>		
	New York State Department of	Social Services		
13 TYPED NAME: // \	40 North Pearl Street	SOCIAL SELVICES		
Brian J. Wing	Albany, New York 12243			
14. TITLE:				
Acting Commissioner				
15. DATE SUBMITTED:				
September 30, 1996				
17. DATE-BECENED:	MAKANTAN MAKANTAN MAKATAN SI	Part of the second		
CONTRACTOR OF THE PROPERTY OF	18. DATE APPROVED	Enclast and other Districts		
		THE RESERVE OF THE PARTY OF THE		
19. EFFECTIVE DATE OF APPROVED MAYERIAL				
		Halk to a vice of the soft		
09/26/96	NULL BURNEY			
21. TYPED NAME:	22. THE ASSESSED TONG	1 Administrator		
Sue Kelly	Division of Recordance between			
23. REMARKS: As per State conget in latter	dated May 3 200% NV 0	K-1011 1		
split into NY 96-60 A and so well and the m	datadameral 2004 NX.9	N. Lindan (11) R. Andri 149		
Approved pages for adopting into the NY State Plan are as follows: Attachment				
4.19-A Part I-23s and 235 Attachment 4.19-A Part II page 10. and 11. Attachment				
Approved pages for adoption into the NY State Plan are as follows: Attachment 4.19-A Part I-234 and 235 Attachment 4.19-A Part II page 10 and 11, Attachment 4.19-A Part III page 28, 20,6,7, Attachment 4.19-A Part IV page A1, A2.				
Attachment 4.19-A Part VI pages I and 2, 24.	Attachment 4.19-A.Port	VII pages 23and		
44.		지하는 사용 경험에 있었습니다. 하는 사용이 가지 않는 그 때문에 발전하는 것이 없다고 있다.		

Attachment 4.19-A Part I

86-1.85 Additional Disproportionate Share Payment

The State's methodology used to take into account the situation of disproportionate share hospitals also includes additional payments to meet the needs of those facilities which serve a large number of Medicaid- eligible, low income and uninsured patients, including those eligible for Home Relief, who other providers view as financially undesirable. These payments are available to hospitals on behalf of certain low-income persons who are described below and are made in addition to, and not as a substitute for, the disproportionate share payment described in sections 86-1.65, 86-1.74 and 86-1.84. However, the calculations of hospitals' bad debt and charity care experience used to determine the disproportionate share payments made under sections 86-1.65, 86-1.74 and 86-1.84, does not include costs of services to any person for whom an additional disproportionate share payment has been made under this section.

These additional payment adjustments are made either by the Department or through an intermediary to disproportionate share hospitals who which have provided services to persons determined to be low-income by reason of their having met the income and resource standards for the State's Home Relief program. These persons must have demonstrated to a local social services district or the Department that their household income and resources do not exceed the income and resources standard established by the Department, which standards vary by household size and take into account the household's regularly recurring monthly needs, shelter, fuel for heating, home energy needs, supplemental home energy needs and other relevant factors affecting household needs.

Each hospital, or an intermediary making a payment to a hospital, will determine which patients qualify as low-income persons eligible for additional payments by a verifiable process subject to the above eligibility conditions. Each hospital must maintain documentation of the patient's eligibility for additional payments and must document the amounts claimed for additional payments. The supporting documentation must include written verification from a local social services district or the Department attesting to the person's eligibility for Home Relief. Such supporting documentation may be in the form of a photocopy of the person's current valid official benefits card or a copy of an eligibility verification confirmation received from the Department's Electronic Medicaid Eligibility Verification System (EMEVS), which system includes information with respect to persons eligible for Home Relief and additional payments, or other verifiable documentation acceptable to the Department which establishes that the person has met the income and resource standards for Home Relief on the date the services were provided.